Maine Dartmouth Family Practice
149 North Street
Waterville, ME 04901
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YOUR NAME HERE MRN:
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4000 MAYFLOWER HILL DR.
CAMPUS BOX 0000
WATERVILLE, ME 04901

DOB: 00/00/2000
Home: (000) 111-2222
Work :

Encounter Date: 00/00/2000 Excuse Letter (v11)

Carbon Copy(s) to:

Excuse Letter

To whom it may concern,

I saw YOUR NAME in clinic today. INSERT NOTE HERE. Please make any accommodations required. If you have any questions, please don’t hesitate to ask.

Warm Regards,

Salam Al-Omaishi, MD

Signatures

Electronically signed by : Salam Al-Omaishi, M.D.; Feb 9 2026 2:04PM EST (Author)
Electronically signed by : Salam Al-Omaishi, M.D.; Feb 9 2026 2:06PM EST (Author)